Managing urinary incontinence in women

Information for the public
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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about urinary incontinence that is set out in NICE clinical guideline 171.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (https://www.gov.uk/government/publications/the-nhs-constitution-for-england). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information see 'About care in the NHS' on our website (www.nice.org.uk/nhscare).

This is an update of advice on managing urinary incontinence in women that NICE produced in 2006.

Does this information apply to me?

Yes, if you are a woman aged 18 years or over with any type of urinary incontinence.

If you are a woman with neurological disease see Other NICE guidance.

Urinary incontinence in women

Urinary incontinence is when you pass urine when you do not mean to. It is a common condition that can be distressing and have a major impact on all aspects of a woman's life including her social life, sex life and work life. The symptoms you get depend on the type of incontinence you have.

'Stress incontinence' happens when your pelvic floor muscles are too weak to stop you urinating, especially during exercise or if you cough, laugh or sneeze.

'Urgency' is the word used to describe the feeling that you need to rush to get to the toilet. Urgency can be one of the symptoms of 'overactive bladder', when the bladder tells your body that it wants to empty before it is full. Women with overactive bladder can also have 'detrusor overactivity' when the bladder muscle starts squeezing to empty out urine more than normal, or when you don't want it to. Some women who have overactive bladder or detrusor overactivity do not leak urine. But if you don't get to the toilet in time and leak some urine, this is called 'urgency incontinence'.

'Mixed incontinence' is when you have a mixture of stress and urgency symptoms.

Your healthcare team

The various types of treatment described may be provided by a range of healthcare professionals who specialise in different treatments. They should work together to provide your care. The healthcare professionals may include doctors, specialist surgeons, specialist nurses, and specialist physiotherapists and occupational therapists.

A member of your healthcare team should discuss urinary incontinence with you and explain the tests and treatments for it in detail. You should have the opportunity to ask any questions you have – there is a list of questions you might like to ask to help you with this.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your healthcare team.

Finding out what is wrong

When your healthcare professional assesses your condition, he or she should decide whether you have stress incontinence, urgency incontinence or overactive bladder, or mixed incontinence. Your treatment should be based on which type you have – or for mixed incontinence, on your main symptom.

Your healthcare professional should look for anything that might have caused the incontinence and for other conditions that may need further investigation or treatment. In some cases, he or she may refer you to a specialist.

You should be offered a 'dipstick test' on a sample of your urine. The test can help to detect an infection, which may contribute to your incontinence. A sample of your urine may be sent for further testing. If you have an infection, you should be offered a course of antibiotics.

You should be asked to complete a 'bladder diary' to help your doctor assess how your bladder is working. In it, you should record, for example, how much fluid you drink, how often you need to urinate and how much urine you pass. You should keep the diary for at least 3 days and cover different activities, for example both working and leisure days.

Your healthcare professional may recommend that you have an ultrasound scan of your bladder to check that it is emptying completely. You should not be offered other imaging (such as X-rays, MRI or CT scans) as part of your initial assessment.

If the cause of your bladder problem is not known after tests to find out why your bladder and urethra (the tube from the bladder to the outside of the body) are not working properly, your healthcare professional may recommend that you have urodynamic tests that look at the way your bladder works while you move around as normal.

Lifestyle changes

Whatever form of incontinence you have, there are several changes to your lifestyle that may help improve your condition. They may include:

- changing how much liquid you drink (increasing it if it is very little or reducing it if it is too much)
- losing weight if you are overweight (have a BMI greater than 30).

Making decisions about treatment

If you choose not to have further treatment at any stage, your healthcare professional should offer you advice about managing your symptoms. If you change your mind at a later date you should be able to book an appointment to reconsider your treatment options.

First steps for managing stress incontinence

If you have stress incontinence, your treatment should begin with the lifestyle changes and exercises to train and strengthen your pelvic floor muscles. These are the muscles that support your bladder and urethra. The organisations listed in Sources of advice and support have more information about these exercises.

- Before you start pelvic floor muscle exercises, your healthcare professional should assess how well you can contract (tighten) the muscles.
- The exercises should involve at least 8 contractions of the muscles and should be done at least 3 times a day.
- You should do the exercises for at least 3 months to start with, and continue them if they help.
- If you are not able to contract your pelvic floor muscles, your healthcare professional may recommend using a device to stimulate the electrical signals in the muscles. The device should not be used in combination with pelvic floor muscle exercises.

Surgery for stress incontinence

If lifestyle changes and pelvic floor muscle exercises are not successful, your healthcare professional may suggest surgery to treat your stress incontinence.

Your healthcare professional should carefully discuss the risks and benefits of surgery with you before you make a decision. When recommending treatment the healthcare professional should take into account your preferences, any illnesses or other treatment you have had. The discussion should include any plans you may have for having children in the future, because this may affect the choice of treatment. You should only be offered surgery for stress incontinence after the whole healthcare team has discussed your care and possible treatments.

There are several surgical procedures you may be offered:

- One procedure is to insert a strip of plastic tape to form a sling that supports the urethra. This helps to stop urine from leaking out.Your surgeon should discuss with you how safe and effective the different types of slings are. If the surgeon isn't trained to insert the sling you choose, he or she should refer you to another surgeon. You should be invited back for a follow-up appointment within 6 months of your operation.

- Another procedure is called colposuspension, which also works by supporting the urethra, but this is not routinely used and can only be carried out by a few surgeons.
- Another option is to inject a substance called a bulking agent into the sides of the urethra to make it harder for the urine to leak out. Your healthcare professional should tell you that:
  - you may need several injections for the procedure to work
  - the effect will reduce over time
  - the injections are less likely to cure your incontinence than the techniques described above.
- A further procedure is to insert a device called an artificial sphincter (valve) to control the flow of urine from the bladder into the urethra. Some of the side effects of this operation can be serious, so your healthcare professional should suggest this only if previous surgery has not helped. If you have this operation, you should be offered regular check-ups for the rest of your life.

If the first procedure you tried does not work, before having another operation you should be referred to a specialist team and have urodynamic tests again. These are tests to find out why your bladder and urethra (the tube from the bladder to the outside of the body) are not working properly. You may need additional tests.

You also might decide that you don't want any more treatment at this time – see Making decisions about treatment.

There are some surgical procedures that should not be offered for treating stress incontinence. The medical names for these are anterior colporrhaphy, needle suspensions, paravaginal defect repair and the Marshall–Marchetti–Kranz procedure.

First steps for managing overactive bladder and urgency incontinence

If you have overactive bladder, cutting down your intake of caffeine (for example, from coffee, tea and cola) and making other lifestyle changes may help.

If you have urgency or mixed urinary incontinence (a mixture of stress and urgency symptoms), the first step in your treatment should be 'bladder training', which means that a healthcare professional will help you try methods to increase the time between wanting to urinate and actually passing urine. The bladder training course should last for at least 6 weeks.

Your healthcare professional should not usually offer you any treatments for overactive bladder that use mild electrical current to contract the muscles that play a part in urination.

Drugs for overactive bladder and urgency incontinence

If bladder training on its own does not work, or if it works only partly and you still have to pass urine too often, you may be offered a drug to help with this.

Before you start taking drugs for overactive bladder, your healthcare professional should explain how likely they are to work and that you might need to take them for 4 weeks before you see their full effect. They should discuss the possible side effects with you and explain that some side effects (such as a dry mouth and constipation) may show that the treatment is starting to have an effect. They should also talk with you about how often you will need to take the drugs and how they should be taken. Your choice of drugs will depend on any other health problems you may have, any other drugs you are taking and the likelihood of side effects.

If you have overactive bladder or mixed urinary incontinence (a mixture of stress and urgency symptoms), you should be offered a choice of drugs. If the first drug you try has too many unwanted side effects, your healthcare professional may offer you a different drug.

If you can't swallow medicines, your healthcare professional might offer you a patch of medication for overactive bladder to put on your skin.

If the drug you are taking is working and the side effects are not bothering you too much, your healthcare professional should not change your treatment.

Reviewing drug treatment

You should be invited to a face-to-face or telephone appointment with your healthcare professional 4 weeks after the start of each new drug treatment to see how the treatment is working. If it is working well you should continue the treatment. If it is not working well or side effects are causing you problems, your healthcare professional may change the dose or offer you another drug to try, and should then invite you to another appointment 4 weeks later.

You don't have to wait 4 weeks to see your healthcare professional if the side effects are giving you trouble.

You may be invited to another face-to-face or telephone appointment with your healthcare professional if the treatment is found to be working well at the 4-week appointment but then doesn't continue to relieve your symptoms.

If you continue drug treatment you should have an annual review of the treatment with your GP (or every 6 months if you are over 75).

If drug treatment does not work, your healthcare professional should discuss other possible treatments with you. If you are thinking about having an operation, you should be offered urodynamic tests (see Finding out what is wrong and Making decisions about treatment).

If you would like to have further treatment but do not want to try another drug, or if drug treatment is not successful, your doctor will refer you to a specialist.

Mirabegron is a possible treatment for the symptoms of overactive bladder in some people. See Other NICE guidance for details of our guidance on mirabegron.

Other treatments for overactive bladder and urgency incontinence

Botulinum toxin A

If you have overactive bladder, you may be offered treatment with a substance called botulinum toxin A, which involves injections into the sides of your bladder. This treatment should be used only if drugs for overactive bladder haven't worked. Some women have difficulty urinating after this treatment so you need to be able and willing to insert a catheter yourself after the procedure if needed (you will be offered training to help you with this). A catheter is a tube that is passed through your urethra (the tube from the bladder to the outside of the body) into the bladder to empty it.

When discussing botulinum toxin A your healthcare professional should make sure you understand the procedure and its risks and benefits before you agree to it. They should also explain how the risks and benefits vary according to the dose used.

You should have a follow-up appointment 6 months after treatment. Your healthcare professional should tell you how to get an appointment sooner if symptoms return. Repeat treatments with botulinum toxin A may be needed. Botulinum toxin B should not be used.

If your first treatment with botulinum toxin A is not effective, your doctor will need to meet with other healthcare professionals to review your case.

The recommendations in the NICE guideline were based on evidence available for the licensed botulinum toxin A called BOTOX made by Allergan. Not all botulinum toxin A available in the UK is licensed. In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people.

Sacral nerve stimulation

If you have overactive bladder, a procedure called percutaneous sacral nerve stimulation may help. It involves inserting an implant into the lower back that helps the bladder work in a more controllable way.

You should only be offered this procedure if treatment with drugs and botulinum toxin A hasn't worked and you are unable to insert a catheter yourself. Your healthcare professional should tell you:

- that before you have the procedure you will need tests to check whether nerve stimulation can control your symptoms
- about the risks of the procedure not working
- that any implant might cause problems in the future that may need surgery
- about side effects
- how to make an appointment with a specialist if symptoms return.

If drug treatment for overactive bladder has not worked and you don't want treatment with botulinum toxin A or percutaneous sacral nerve stimulation, your healthcare professional may discuss a treatment called percutaneous posterior tibial nerve stimulation with you. This uses an electric current to stimulate a nerve near the ankle to change bladder function.

Surgery

If other treatments are not successful, your healthcare professional may suggest surgery to treat detrusor overactivity (when the bladder muscle starts squeezing to empty out urine more than normal). He or she should carefully discuss the risks and benefits of surgery and the alternative treatments with you before you make a decision. The discussion should include any plans you may

have for having children in the future, because this may affect the choice of treatment. You should only be offered surgery after the healthcare team has reviewed your care and treatment options.

Before considering surgery for you should have urodynamic tests to check that you have detrusor overactivity. These are tests to find out why your bladder and urethra (the tube from the bladder to the outside of the body) are not working properly.

Your healthcare professional may suggest a procedure called augmentation cystoplasty. This involves increasing the size of the bladder by adding a piece of tissue from the intestines into the bladder wall. The procedure may cause complications and you may not be able to pass urine normally after the procedure, so it should be used only if you are able and willing to insert a catheter yourself and if other treatments have not worked.

A further procedure is urinary diversion, in which the tubes from the kidneys to the bladder (the ureters) are linked directly to the outside of your body, so the urine can be collected without flowing into the bladder. This should be offered only if other treatments have not worked or are not suitable.

If you have either of these operations, you should be offered regular check-ups for the rest of your life.

Managing mixed incontinence

If you have a combination of stress incontinence, urgency incontinence and overactive bladder (whether or not this is causing incontinence) your treatment should be started according to whether the stress incontinence symptoms or the urgency incontinence symptoms are most troublesome. You should be offered less invasive treatments first (see first steps for managing stress incontinence and first steps for managing overactive bladder and urgency incontinence).

If your main symptom is stress incontinence, your healthcare professional should talk to you about the benefits of lifestyle changes, non-surgical treatments and drugs before offering you surgery.

Ways of managing incontinence

Managing your incontinence

There are several other things that can help you to manage your incontinence. They may be useful for short periods (for example, during exercise or while you are waiting for a treatment to work), or if treatments have not worked or are not suitable for you. For example:

- Your healthcare professional may suggest using absorbent products such as incontinence pants or pads, hand-held urinals (urine collection bottles) and toileting aids at the same time as treatment or if all possible treatments have not worked.
- A catheter can be inserted into your bladder to drain the urine. Your healthcare professional should talk with you about the different types of catheter and what to expect if you have one.
- Devices that are placed into your vagina or urethra may occasionally be useful for managing urine leakage, such as during exercise, but these should not be used regularly.
- Hormones that are placed in your vagina, for example in cream or tablet form, might help women with overactive bladder who have been through the menopause.

If you find that you have to urinate often at night and this is causing you problems, you may be offered a drug called desmopressin. It shouldn't be used in people over 65 and your healthcare professional should make sure you understand the risks and benefits before you agree to it.

Off-label use of desmopressin

At the time of publication desmopressin may be recommended for 'off-label' use in this guideline. In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the license, such as using a cream or taking a tablet. There is more information about licensing medicines on NHS Choices (http://www.nhs.uk/chq/Pages/1004.aspx?CategoryID=73&SubCategoryID=101)

Complementary therapies

Complementary therapies are not recommended for treating incontinence or overactive bladder.

Questions to ask about urinary incontinence

These questions may help you discuss your condition or the treatments you have been offered with your healthcare team.

Finding out what's wrong (diagnosis)

- What sort of urinary incontinence do I have?
- Please give me more details about the tests/investigations I should have
- Where will these be carried out?

About your condition

- Can you tell me more about urinary incontinence?
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

Lifestyle

- Would it help my condition if I made some changes to my lifestyle, such as becoming more physically active or changing my diet?

Treatments

- Can you tell me why you have decided to offer me this particular type of treatment?
- What are the pros and cons of this treatment?
- What will it involve?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?
- What options do I have other than the recommended treatment?

- Is there some other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?
- What will happen if I choose not to have the treatment you have offered?

Following up on your treatment

- When should I start to see an improvement and what should I do if things don't improve by then?
- Are there different treatments that I could try?
- Does my current treatment need to be changed?

Drugs

- Tell me more about the choice of drugs
- How long will I have to take the drugs for?
- Might I have problems if I stop taking the drugs? How likely is it that my symptoms will come back?
- Can I take medicines for incontinence if I am taking other drugs?

Side effects

- Are there any serious side effects associated with these drugs?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Are there any long-term effects of taking this treatment?

Surgery

- Will I need to have an operation?
- Please tell me about the procedures that might be suitable
- Is there some other information (like a leaflet, DVD or a website I can go to) about the different types of surgery?

- Will I need a general anaesthetic?

For family members, friends or carers

- What can I/we do to help and support the person with urinary incontinence?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

Sources of advice and support

- Bladder and Bowel Foundation, 0845 345 0165
  www.bladderandbowelfoundation.org
- The Cystitis & Overactive Bladder Foundation, 0121 702 0820
  www.cobfoundation.org
- PromoCon, 0161 607 8219
  www.disabledliving.co.uk/PromoCon/About

You can also go to NHS Choices (www.nhs.uk) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

Urinary incontinence in neurological disease. NICE clinical guideline 148 (2012). See http://guidance.nice.org.uk/CG148

Mirabegron for treating symptoms of overactive bladder. NICE technology appraisal guidance 290 (2013). See http://guidance.nice.org.uk/TA290

Accreditation